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Bib Data Sheet

CONFIRMATION NO. 2810

SERIAL NUMBER 09/800,449	FILING DATE 03/05/2001 RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. SLA.0366
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APPLICANTS

John Michael Kowalski, Vancouver, WA;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/244,009 10/27/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED ** 04/18/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
WA	1	26	3

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Robert D. Varitz
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 1800 S.W. First Avenue
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TITLE

Outer code for CSMA systems using an OFDM physical layer in contention-free mode

FILING FEE RECEIVED 818	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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BIBDATASHEET

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** CONTINUING DATA ****

This appln claims benefit of 60/244,009 10/27/2000

yes/LK

** FOREIGN APPLICATIONS ****

None/LK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/18/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 1	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature	Initials				

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 PORTLAND, OR
 97214

TITLE

Outer code for CSMA systems using an OFDM physical layer in contention-free mode

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